

1 Mar 01

General Information

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**SOME FORMS MAY CONTAIN INFORMATION THAT IS PROTECTED FROM RELEASE UNDER THE
FREEDOM OF INFORMATION ACT**

**THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT INVESTIGATION REPORT
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1. Event Information:

Mission significantly different from pre-takeoff brief (circle): YES NO UNK N/A

Airshow/Flight Demo Information (was aircraft involved in): (X)

CNO/CMC sanctioned airshow: () YES () NO

TYCOM/Fleet/Wing/CG sanctioned flight demo: () YES () NO

Practice for either of above: () YES () NO

2. Aircraft/Custodian Information: Aircraft _____ of _____ aircraft involved in this mishap.

Reporting Custodian: _____ Aircraft Model: _____ BUNO: _____

Flight/Formation Composition: _____ aircraft

At time of mishap flight was: () IN FORMATION () NOT IN FORMATION () TANKING

This aircraft was assigned: () LEAD () WINGMAN

Deployment Status of Aircrew (check only one):

- () Home Based/Local OPS
- () Cross Country/RON (at other than homebase)
- () Weapons/CQ/Detachment/Other Short Deployment
- () Extended Deployment (more than 90 days)

Reporting Custodian Conducts Deployments (circle one): YES NO

Custodian assigned to: (complete all as applicable)

() CVW _____ () MEU _____ () MAG (incl. ASEK) _____ () MAW _____

Mishap occurred during predeployment workups: YES NO

Months until next extended deployment _____ (If not on a current deployment)

Event Occurred _____ Days into Deployment

Deployment Scheduled to Last a total of _____ Days

Inter Deployment Training Cycle Phase Engaged In:

- | | | |
|--------------------|---------------------------------|------------|
| () TSTA I | () Fallon (Unit Level Tng) | () MCRES |
| () TSTA II | () Fallon (Multi-unit CVW Tng) | () P-MINT |
| () COMPTUEX | () S/FFARP | () SOCEX |
| () JTFEX | () CN OPS | () CAX |
| () UNIT LEVEL TNG | () OTHER _____ | |

Embarked Status at time of Event (circle): EMBARKED DISEMBARKED

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3. Aircrew Information:

Aircrew/Involved Personnel: Number of Occupants of this Aircraft: _____

For 1st Aircraft, indicate number of Bystanders Involved/Injured: _____
(& include in list below if applicable)

Fill in for all involved personnel (use additional sheets if required):

PAC	Name (Last, First, MI)	Sex	In-Flt Duties	Grade/ Rate	Branch	Unit	Injury Class n
			PIC*				

* check to denote pilot at controls

* PIC = pilot in command

4. Comments: (attach separate sheet if required)

Instructions for Completion of SIR Enclosure Form 01

1. Submit this form for each naval aircraft involved in the mishap.
2. The information required in the columns of the table in part 3 is as follows:
 - a. PAC: indicates pilot at controls. Check appropriately.
 - b. Name: self explanatory
 - c. Sex: indicate "M" or "F"
 - d. In-Flt Duties: indicates the crew position assigned by the flight schedule or similar. Use common NATOPS designations. For flight officers, use RIO/BN/COTAC/etc instead of "NFO". "PIC" indicates the Pilot in Command, the designated senior pilot embarked (PPC/HAC/etc).
 - e. Grade/Rate: self explanatory
 - f. Branch: indicates branch of service; i.e., "USN". For civilians or foreign nationals, use CIV or FN, respectively.
 - g. Unit: indicates unit assigned, the unit to which the individual was permanently assigned.

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h. Injury Classn: indicates injury classification per chapter 3 of OPNAVINST
3750.6R

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1. Anthropometric Data:

Parameter	Value	Unit	Source (see instructions)
Height		inches	
Current Weight		pounds	
Sitting Height		inches	
Trunk Height		inches	
Functional Reach		inches	
Hand Dominance (circle)	R L A	NA	
Buttock_Knee Length		inches	
Shoulder Width		inches	
Buttock_Leg Length		inches	
Anthropometric Code		NA	NATOPS Jacket

Comments:

Instructions for Completion of SIR Enclosure Form 02

1. Submit this form for each aircrew member.
2. Under anthropometric data, hand dominance, circle R, L, or A for right, left, or ambidextrous respectively.
3. The source of anthropometric data should be indicated in the column provided. Sources of anthropometric data are: direct measurement, medical record, NATOPS jacket, etc.
4. The anthropometric code requested is the 4 digit code recorded in the NATOPS flight personnel training and qualification jacket.
5. Space is provided to include additional anthropometric data as required. Additional data should be included where anthropometric problems are noted.

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LEAVE THIS PAGE BLANK

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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1. General:

A. On flight Status (circle): YES NO B. Injury Classn: _____
C. Days Hospitalized: _____ D. Days in Qtrs: _____
E. Days Medically Grounded: _____ F. Unconscious (circle) YES NO
Duration: _____
(days/hours/mins/secs)

2. Injuries Incurred During Mishap: (use additional sheets if necessary)

ICD Injury
Code Classn

Body Part			
Diagnosis			
Specific Cause			
Body Part			
Diagnosis			
Specific Cause			
Body Part			
Specific Cause			
Diagn			

3. Lab Tests

	Date Drawn (mmddyy)	Elapsed Time	Lab Used	Tissue Used	Results	Normal Range	Within Range (Y/N)	Significant Results (Y/N)
Carbon Monoxide								
Alcohol								
Brain Lactic Acid								
Drug Screen								
Hgb/Hct								
Other:								
Other:								

Urinalysis: SP GR: _____ Dipstick: _____ Microscopic: _____
WNL?: _____ Other: _____
Elapsed time after Mishap (hours): _____

4. X-RAY Results: Performed (circle): YES NO WNL?: _____ Comments: (enclose results if pertinent)

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5. Pre-existing Diseases and Diseases/Effects Present at Time of Mishap:

DIAGNOSIS	Discovery Method (X)				Waivers as applicable	
	Ann Phys	Sick Call	Autopsy	Other	Authority	Date

6. Smoking Data: Smoker? (circle): YES NO _____# PACKS PER DAY

7. Autopsy Data: Conducted by/in Presence of (circle each applicable):
AFIP PATHOLOGIST CIVILIAN PATHOLOGIST FLIGHT SURGEON
OTHER MILITARY PATHOLOGIST OTHER_____

8. Injury Profile: mark or draw injury profile on diagram on page 3

9. Comments/Remarks:

Instructions for Completion of SIR Enclosure Form 03

1. Submit this form for each person who was injured or otherwise had a relevant medical finding.

2. General part 1: Flight Status, circle YES if on flight orders regardless of actual participation in mishap; otherwise, circle NO. Injury Classn, insert injury classification in accordance with Chapter 3 of OPNAVINST 3750.6R. Days Medically Grounded, for flight status personnel who are grounded, include day of mishap, but not day of return to flight status.

(continued on page 4)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

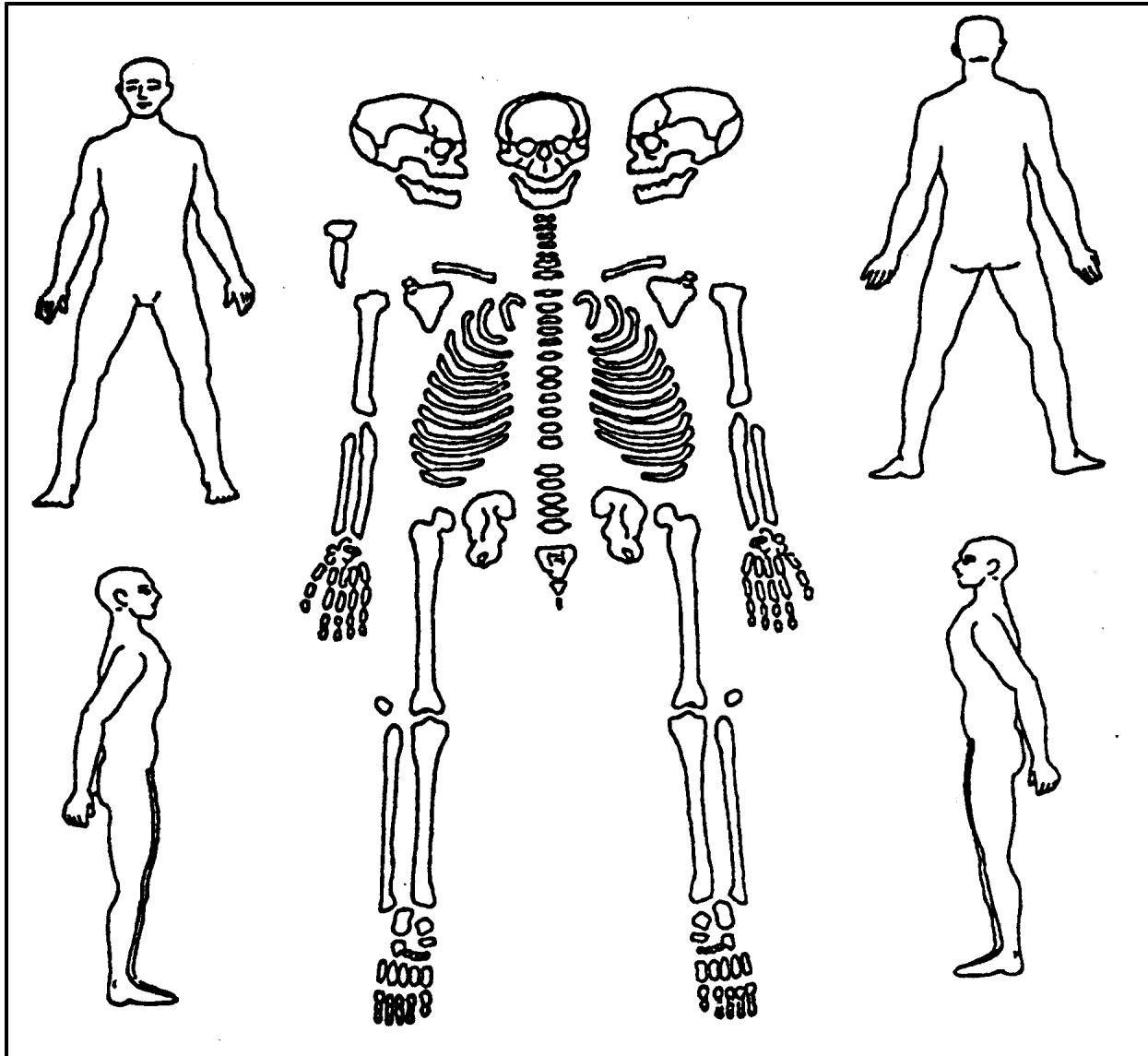
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Injury Profile

Mark or draw injuries where applicable



Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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Instructions for Completion of SIR Form 03
(continued from page 2)

3. Injuries Incurred During Mishap part 2: List Injuries in decreasing order of severity. In fatal cases, list primary cause of death first. Use standard medical terminology for body parts and diagnosis, and insert ICD code which most nearly describes injury in column provided. Indicate the estimated injury severity of each injury as if no other injury were present, using OPNAVINST 3750.6R. For "cause", briefly and specifically describe the mechanism of injury, e.g., "Hyperflexion, due to ejection. Indicate external factors which affected mechanism of injury only if those factors can be established with a reasonable degree of confidence, and describe means for establishing that confidence, i.e., "paint from seat found on helmet", "aircrew statement", "rescuer's statement", etc. In the event more than three injuries were sustained, list the remaining injuries on additional sheets. List all injuries (little things are important). Do not simply state "injuries multiple extreme" for fatalities.

Example:

Body Part	Lumbar Spine L-3		
Diagnosis	Small uncomplicated anterior compression Fx		
Specific Cause	Hyperflexion due to ejection forces		

4. Lab Tests part 3: Retain aliquot of frozen serum and urine at least 90 days for future use/verification. Elapsed Time, indicate time in hours and minutes from time of mishap to time specimen obtained. For all abnormal lab values, provide an explanation. State in the Aeromedical Analysis (AA) whether results were significant or not to the mishap. WNL? = Within Normal Limits.

5. X-RAY Results part 4: Spinal x-rays are required following all ejections/bailouts, crashes or as clinically indicated. Attach copy of x-ray reports to this form.

6. Preexisting Diseases/Defects part 5: List all known preexisting diseases/ defects and diseases/defects present at time of mishap. Include all defects listed in BLOCK 74 OF S.F. 88. such as defects of vision, hearing, etc.

7. Autopsy part 7: Circle as many selections as are applicable. Do not submit the SIR without the results of all toxicology, pathology and other studies. However, do not delay SIR submission because the results of formal reports are known, but the report is not yet available. Instead, Summarize the results in the SIR and forward the formal reports when they become available.

8. Injury part 8: Supplement Injury Profile diagram with photographs where possible. Attach additional sheets, as required. Send photos only to Naval Safety Center. Specify exact location of injuries, abrasions, amputations, burns (and degree), contusions, fractures and dislocations, etc. on the included diagram.

9. Comments/Remarks part 9: Use for listing additional injuries, laboratory values, or any other information considered germane to the investigation. Attach additional sheets as required. Do not include privileged information.

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

Action Training Data

Page 1 of 1

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1. Training Data: By Type (list only most recent)

Aviation Physiology Training Program	Reqd Y/N	Place Training Accomplished	Compl (date)	Curr? (Y/N)
Aviation Physiology Lecture				
Stress & Human Performance Lecture				
Sensory Physiology Lecture				
Emergency Egress/Systems Lecture				
Aviation Life Support Systems Lecture				
Survival (Self-Aid) First Aid				
Low Pressure Chamber Flight				
Spatial Disorientation Trainer (MSDD 9B6)				
Centrifuge Trainer (CFET)				
Ejection Seat Trainer (9E6)				

Squadron Egress Training	Reqd Y/N	Place Training Accomplished	Compl (date)	Curr? (Y/N)
Annual Egress Training				
Seat Transition Brief				

Instructions for Completion of SIR Enclosure Form 04

1. Submit this form for each person in the aircraft when emergency egress or water survival situations occur.
2. Attach a separate sheet for comments and additional training. If training was a causal factor, do not discuss here. Include discussion in AA.
3. Training Data part 2: is obtained from the health record/NATOPS jacket or may be available from the site where the training was conducted or NAMI. Deficient training shall be briefly commented and discussed in the AA.
4. A copy of the training record from the NATOPS jacket should be submitted when appropriate.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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Training Data (continued):

Aviation Survival Program	Reqd Y/N	Place Training Accomplished	Compl (date)	Curr? (Y/N)
Water Survival Training Lectures				
Water Survival Training Drills				
Deep Water Environmental				
Parasail Training				
Parachute Drag Training (9F2/9F2A)				
Parachute Disentanglement (9F6)				
Underwater Breathing (9H19)				
Multi Placed Dunker (9D5)				
Helo Rescue (Water Phase) (9H1)				
Helo Emergency Escape Device (HEED) Training				

Other Training	Reqd Y/N	Place Training Accomplished	Compl (date)	Curr? (Y/N)
Cold Weather (CWEST) Environmental Survival				
Jungle Environmental Survival (JEST)				
Desert Environmental Survival (DEST)				
Survival, Evasion Resistance, Esc (SERE)				
Aircrew Coordination Training (ACT)				
Cockpit Resource Management Training				

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
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1. Life Support Data:

Equipment/Clothing	Specific Type	R	A	U	N	Prob/Cndn Code
Helmet Visor						
Helmet Chin Strap						
Helmet Nape Strap						
Helmet Reflective Tape						
Glasses (prescription/plano)						
Night Vision Device						
Oxygen mask, regulator						
Oxygen mask, retainer fittings						
Underwear (nomex)						
Flight Suit						
Flight Gloves						
Boots						
Antiexposure Suit						
Survival Vest Radio						
Survival Vest Contents (list)						
Survival Vest:						
Survival Vest:						
Survival Vest:						
Survival Vest:						
Survival Vest:						
Survival Vest:						
Harness, Integrated, (size)						
Harness, Nonintegrated/Other						

(continued on page 2)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
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Equipment/Clothing	Specific Type	R	A	U	N	Prob/Cndn Code
Harness, Contents (list)						
Anti-G-Suit Upper						
Anti-G-Suit Lower						
Life Preserver						
Life Preserver Autoinflator						
Life Raft						
NBC Respirator						
HEED						
Seat Survival Kit Container						
Seat Survival Kit Contents (list)						
Water Activated Release Device						
Other ALSS Equipment (list)						
ID Tags						

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
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2. Remarks: Comment on each item of equipment/clothing with a problem/condition code. Also list unauthorized modifications. Attach additional sheets as necessary. Do not disclose mishap causal factors.

3. Problem/Condition Codes: (see instructions)

- | | |
|---|--|
| 01 Not available, supply problem | 02 Not available, left behind |
| 03 Discarded | 04 Lost |
| 05 Damaged-Minor | 06 Damaged-Major |
| 07 Burned-Minor | 08 Burned-Major |
| 09 Destroyed by extreme force/fire | 10 Failed to operate |
| 11 Operated partially | 12 Difficulty locating |
| 13 Beyond reach | 14 Connection/closure difficulty |
| 15 Connection/closure failure | 16 Release/disconnect difficulty |
| 17 Release/disconnect failure | 18 Inadvertent release/disconnect |
| 19 Inadvertent actuation | 20 Actuation difficulty |
| 21 Actuation failure | 22 Actuated by other person |
| 23 Restraining/attachment inadequacy | 24 Restraint/attachments not used properly for maximum protection |
| 25 Improper use (other) | 26 Unfamiliar with use |
| 27 Cold hampered use | 28 Injury hampered use |
| 29 Water hampered use | 30 Other equipment interfered |
| 31 Donning/removal problem | 32 Discomfort/bulkiness |
| 33 Poor fit | 34 Leaked |
| 35 Material deficiency | 36 Design Deficiency |
| 37 Hangup/entanglement with A/C or other eqpt | 38 Entanglement in parachute suspension-Major |
| 39 Entanglement in parachute suspension-Minor | 40 Dragging (Parachute only) |
| 41 Non standard configuration | 42 Aided in location/rescue |
| 43 Not effective in location/rescue (used in area of SAR vehicles) | 44 Prevented/minimized injury |
| 45 Equipment problem (loss, failure, etc.) a factor in producing injury | 46 Equipment produced injury (hit e only once) |
| 47 Failure/delay in using compromised survival/rescue | 48 All crew equipment (code only once) |
| 49 Maintenance/installation error | 50 Problem experienced by others in actuation/release of equipment |
| 51 Equipment damage – self induced | 52 Equipment failure – self induced |
| 53 Air dropped equipment | 54 Not available – needed |
| 55 Available – needed, not used | 56 Dislodged from normal position |
| 60 Other (specify) | 61 Installed |
| 62 Not installed | 63 Unknown if installed |
| 64 Actuated automatically | 65 Left or right automatic inflation |
| 66 One side failed to auto actuate | 67 Both sides failed to auto actuate |

4. Mishap Phase Codes: (see instructions para 3)

M=Mishap E=Egress U=Unknown T=Not applicable
S=Survival R=Rescue D=Descent (after ejection/bailout)
L=Landing (parachute) from first contact with ground, water, building, tree, etc., until stable.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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Instructions for Completion of SIR Enclosure Form 05

1. Submit this form for each person who was the subject of an escape, survival, rescue episode, or was lost at sea. Specify data on all equipment that was carried or worn, whether used or unused. Also include data for equipment that was needed but not carried by the individual.

2. Column Headings, part 1: Specific Type, enter the specific name and/or number of the equipment/clothing: e.g., Night Vision Device -- AN/AVS-6; glasses -- clear, prescription; NBC respirator -- AR5. The columns "R", "A", "U" and "N" refer to "Required", "Available", "Used/Worn", and "Needed" respectively and should be completed with a "Y" for yes, "N" for no, or "U" for unknown. "Required" refers to items that were required for the mission by official directives; e.g., OPNAVINST 3710.7R, TYCOM directives or squadron SOP. "Available" refers to items that were available to the person at the local or unit level at the time of the mishap. "Used/worn" refers to items that were either used or worn by the individual. "Needed" refers to items that prevented or could have prevented injuries or enhanced survivability.

3. Prob/Cndn Code Column, part 1: Prob/Cndn Code=Problem/Condition Code. Use specific code number(s) from page 3 to indicate the nature of a problem/condition. More than one problem/condition may apply and any one problem/condition frequently leads to another. Codes should be listed in chronological order. Add the phase of the mishap (see mishap phase code on the back of the next page) to the number, when known. Bracket all related problems/conditions. Example: A pilot loses his helmet during an ejection because the chin strap is not tightened properly. During the helo rescue hoist, the individual hits his head on the helo and suffers a scalp laceration and concussion. In the "problems" column, enter the following on the line where helmet data have been reported: [24M, 04E, 45R]. Do not list equipment as damaged or failing if impact forces were of such magnitude that the equipment could not have been expected to remain intact.

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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1. Location of Individual in Aircraft: (see instructions)

- A. General (X): () COCKPIT () NAV/ENG CMPT () CABIN/PAX CMPT
() OUTSIDE ON GROUND () OTHER
() OUTSIDE IN FLIGHT (RAPPELLING/PARACHUTING/HOISTING).
- B. Longitudinal location (X): () FORWARD () CENTER () AFT () UNKNOWN
- C. Lateral location (X): () CENTER () LEFT () RIGHT () UNKNOWN
- D. Direction facing (X): () FORWARD () AFT () SIDEWARD () UNKNOWN
- E. Use of seat (X): () IN SEAT () NOT IN SEAT () IN BUNK/LITTER () UNKNOWN

2. Escape Data: (see instructions)

- A. Inflight Egress Attempted:
() Yes () No () Unknown
- B. Aircraft Abandoned:
() Inflight () NA - No Actual/Successful Egress
() After Impact/Ldg () Unknown
- C. Escape Method (check only one method & amplify from selections under that method):
- () Ejection
 - () Accomplished (free of cockpit)
 - () Initiated (did not clear cockpit)
 - () Attempted (not initiated)
 - () Seat Ejected on Impact With Terrain
 - () Inadvertent Ejection
 - () Underwater Ejection
 - () Suspected Ejection
 - () Definitely Not Attempted
 - () Unknown if Attempt Was Made
 - () Bailout
 - () Accomplished (free of aircraft)
 - () Attempted (not accomplished)
 - () Bailed Out After Ejection Attempt Failed
 - () Suspected Bailout
 - () Definitely Not Attempted
 - () Unknown if Attempt was Made
 - () Other Escape
 - () Standard Emergency Ground Egress
 - () Underwater Egress (not ejection)
 - () Other Unsuccessful Escape Attempt
 - () Exit Unassisted (not emergency egress)
 - () Carried/Assisted Out
 - () Blown/Thrown Out
 - () Jumped/Fell from A/C (airborne)
 - () Unknown if Escape Accomplished
 - () Escape Method Unknown
- D. Sequence of Actions (describe):
- E. Intent for Escape (check only one):
() INTENTIONAL () UNINTENTIONAL-SELF INDUCED () INTENT UNKNOWN
() UNINTENTIONAL-MECHANICALLY INDUCED
() UNINTENTIONAL-OTHER INDUCED
- F. Order of Escape: _____ of _____
- G. Number of Previous: _____ ejections _____ bailouts (emergency)

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

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Escape/Egress Data

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_____ other jumps (training/skydiving, etc)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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3. Cockpit/Cabin Condition Relative to Individual's Location in the Aircraft: (check appropriate)

- () NO DAMAGE () DAMAGED-DEFINITELY HABITABLE
() DAMAGE UNKNOWN () DAMAGED-PROBABLY HABITABLE
() DAMAGED-PROBABLY NOT HABITABLE
() DESTROYED-DEFINITELY NOT HABITABLE

4. Parachute Landing/Crash (or Landing) Site Terrain (check as many as applicable):

- () OPEN SEA () LARGE LAKE () RIVER () SHALLOW WATER
() DEEPWATER, OTHER () DEEP SNOW () THICK ICE () SOFT GROUND
() MARSH/SWAMP/MUD () FLIGHT DECK () BUILDING () DENSE WOODS
() RAVINE/STEEP SLOPE () IN TREES () ROCKS () DESERT
() IN/NEAR FIREBALL () THROUGH TREES () RUNWAY () HARD GROUND
() OTHER (Explain) () UNKNOWN () NOT APPLICABLE/ACFT LANDED
NORMALLY

5. HEELS/Emergency Egress Lighting Systems Data (check appropriate):

- A. () INSTALLED IN A/C () NOT INSTALLED IN A/C () UNKNOWN
B. () AIDED IN LOCATION OF EXIT () NOT INSTALLED
() NOT SEEN/DID NOT AID IN LOCATION OF EXIT () NOT AVAILABLE EXIT USED
() NOT APPLICABLE () UNKNOWN EFFECT IN LOCATING EXIT

6. Aircraft Parameters at Time of Escape (if unknown, so indicate):

- A. Altitude (FT): _____ (MSL)/_____ (AGL)
B. Velocity: (1) Airspeed (KTS): _____ (2) Groundspeed (KTS): _____
(3) Sink Rate (FT/MIN): _____ (4) Climb Rate (FT/MIN): _____
C. Attitude: (1) General: () UPRIGHT () INVERTED
(2) Pitch (DEG): _____ () UP () DOWN (check one)
(3) Pitch Rate (DEG/SEC): _____ () UP () DOWN (check one, unless Rate = 0)
(4) Bank Angle (DEG): _____ Direction: () RIGHT () LEFT
(check one, unless Rate = 0)
(5) Roll Rate (DEG/SEC): _____ () RIGHT () LEFT (check one, unless Rate = 0)
(6) Yaw (DEG): _____ Direction: () RIGHT () LEFT (check one)
(7) Yaw Rate (DEG/SEC): _____ () RIGHT () LEFT (check one, unless Rate = 0)
D. G Forces: (1) Normal (G's): _____ () UP () DOWN (check one)
(2) Lateral (G's): _____ () RIGHT () LEFT (check one)
E. Other (check all that apply):
() NOSE DOWN SPIN () FLAT SPIN () OSCILLATING SPIN () UPRIGHT ON GROUND
() INVERTED () TUMBLING () MUSHING () UPRIGHT ON WATER
() DISINTEGRATING () ROLLING () OTHER (describe) () UNDER WATER/SINKING

7. Egress Problems (see instructions):

Prob Type	Egress Type	Egress Phase	Remarks

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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8. Remarks:

Instructions for Completion of SIR Enclosure Form 06

1. Submit this form for each person who successfully ejected, bailed out, or otherwise egressed the aircraft as part of the mishap event **and also for** each person who unsuccessfully tried to eject, bail out, or otherwise egress.
2. Location, part 1: indicate where this person was located at the time of the mishap by checking one selection from part A. Amplify with one selection each from parts B through E if appropriate. If the person was in the passenger or crew compartment of a large aircraft, a line drawing with the location marked is desirable.
3. Escape Method, part 2A: indicate the type of escape and amplify from the adjacent selections. Use only the amplifying selections associated with the particular method. "EJECTION" is the completion of action by the aircrew member to initiate the ejection sequence (raising handle, pulling face curtain, etc), regardless of the outcome of the action. Includes when sequence is interrupted by surface impact and may occur when the aircraft is not airborne. "BAILOUT" is an emergency egress with a parachute from an aircraft aloft without the use of an ejection system (or similar). "OTHER" refers to any egress other than EJECTION or BAILOUT including GROUND and WATER egress.
4. Sequence of Actions, part 2D: list sequence of preparatory actions accomplished by this individual before actual egress. Examples: visor down, lap belt/shoulder harness straps adjusted, MAYDAY, seat moved/adjusted, tightened mask, crew alert, etc.
5. Cockpit Condition after Impact, part 3: indicate whether aircraft was abandoned in flight or after impact/landing and check one selection that best describes the condition of the cockpit.
6. Parachute Landing/Crash (or Landing) Site Terrain, part 4: indicate the characteristics of the terrain where the person landed after abandoning the aircraft. If the individual did not abandon the aircraft, indicate the terrain characteristics of the crash (or landing) site of the aircraft.
7. Egress Problems, part 7: select the appropriate codes from page 4 for the Problem, Type, and Phase columns and amplify in the remarks column if appropriate. Describe each

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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egress problem encountered. Continue in remarks section or attach additional sheets if
required.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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Egress Problem Codes

Prob Type column: indicates type of problem. Select code that corresponds
(codes are in two columns):

Code Problem	Code Problem
1 Buffeting	26 Fire/Smoke/Fuel
2 G Forces (describe in remarks)	27 Anthropometric Problem
3 Windblast	28 Personal Equipment Factor (other than hangup)
4 Seat Left in "Safed" Condition	29 Upper Extremities Hit Cockpit Structures
5 Difficulty Locating Canopy Jettison Mechanism	30 Lower Extremities Hit Cockpit Structures
6 Hampered by Clothing	31 Struck Canopy/Canopy Bow
7 Hampered by Equipment	32 Struck External Surface of Aircraft
8 Hampered by Injuries (includes body armor)	33 Flailing - Upper Extremities
9 Difficulty Releasing Canopy/Hatch	34 Flailing - Lower Extremities
10 Failure to Release Canopy/Hatch	35 Drogue Slug Swinging
11 Face Curtain Failed to Activate Seat	36 Drogue Slug Struck Individual
12 Face Curtain Problem (locating, reaching, etc.)	37 Struck by Other Equipment
13 Lower Ejection - Handle Failed to Activate Seat	38 Seat/Man Collision
14 Lower Ejection Handle Problem - Other (locating, etc.)	39 Seat Separation Difficulty
15 Canopy Jettison Problem	40 Seat/Parachute Entanglement
16 Canopy Jettison Failure	41 Parachute Riser Interference
17 Could Not Open Canopy/Hatch	42 Entangled in Raft Lanyard
18 Difficulty Releasing Restraints	43 Parachute Line Over/Inversion/ Semi-Inversion
19 Difficulty Reaching Hatch/Exit - Obstructions	44 Individual Held onto Seat
20 Difficulty Reaching Hatch/Exit - Injuries	45 Tumbling/Spinning (person and/or seat)
21 Difficulty Reaching Hatch/Exit - Aircraft Attitude	46 Parachute Container Did Not Open
22 Difficulty Reaching Hatch/Exit - Equipment Hangup	47 Parachute Canopy Streamed/ Malfunctioned
23 Pinned in Aircraft (other than equipment hangup)	48 Inadvertent Opening of Lap Belt
24 Confusion/Panic/Disorientation	49 Failure of Lap Belt to Open
25 Darkness/No Visual Reference	50 Inrushing Water
	51 Cold
	52 Unconscious/Dazed
	53 Other (explain in remarks)

Egress Type column: indicates the type of egress with the problem:

G = Ground W = Water A = Air (ejection/bailout/etc)

Egress Phase column: indicates where in the egress that the problem occurred:

B = Before D = During A = After

Name:	_____	Mishap Severity:	_____
Duty/Title:	_____	Mishap Category:	_____
Date of Mishap:	_____	Aircraft Model:	_____
Reporting Custodian:	_____	BUNO:	_____

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1. Time from Emergency until Escape Attempt Initiated:

_____hours _____minutes _____seconds () ESTIMATED or () ACTUAL

2. Delay in Initiating Escape (check as applicable, number sequentially if multiple):

- () AVOIDING POPULATED AREA () AVOIDING UNSUITABLE TERRAIN
() INSUFFICIENT ALTITUDE () EXCESS ALTITUDE
() EXCESS AIRSPEED () ADVERSE AIRCRAFT ATTITUDE
() ADVERSE BODY POSITION () NONE
() UNKNOWN () OTHER (describe)
() ATTEMPTING TO OVERCOME PROBLEM

3. Protective Helmet/02 Mask Data (use codes; Y=YES, N=NO, U=UNKNOWN):

PHASE	CHIN STRAP FASTENED	HELMET VISOR LOWERED	02 MASK FASTENED (BOTH SIDES)
Before Emergency			
During egress			
During landing			
During rescue			

4. Ejection Seat:

A. Type/Model: _____ (indicate specific type/model)

B. Seat Function (check all that apply):

- () FUNCTIONED PROPERLY () UNKNOWN FUNCTION () OPERATED PARTIALLY
() FAILED TO OPERATE () INADVERTENTLY ACTUATED () MAJOR DAMAGE
() ACTUATION DIFFICULTY () UNFAMILIAR WITH USE () DESIGN DEFICIENCY
() DESTROYED () MATERIAL DEFICIENCY () IMPROPER USE
() RELEASE/DISCONNECT FAILURE OF SEAT () MINOR DAMAGE
() MAINTENANCE/INSTALLATION ERROR OF SEAT () OTHER (explain)
() SEAT SYSTEM DESIGN DEPENDENCY/MALFUNCTION
() AIRCRAFT CANOPY INITIATOR CARTRIDGE MALFUNCTION
() OTHER AIRCRAFT CANOPY MALFUNCTION

5. Ejection Envelope (check only one):

() WITHIN ENVELOPE () MARGINAL () OUTSIDE ENVELOPE () UNKNOWN

6. Ejection Initiated by (check one):

() THIS INDIVIDUAL () OTHER INDIVIDUAL () OTHER
() UNKNOWN () NOT APPLICABLE

7. Removal of Aircraft Canopy (X):

A. Removal: () DEFINITELY NOT ATTEMPTED () JETTISONED SUCCESSFULLY () NA - THRU-CANOPY
() ATTEMPTED (UNSUCCESSFUL) () UNKNOWN IF ATTEMPTED

B. Intent: () INTENTIONAL () UNINTENTIONAL, SELF-INDUCED () UNKNOWN
() UNINTENTIONAL, MECHANICAL () NOT APPLICABLE

C. Initiated by: () THIS INDIVIDUAL () OTHER INDIVIDUAL () OTHER
() NA - THRU-CANOPY EJECTION () UNKNOWN

D. Ejected Through Canopy () YES () NO (indicate cut of glass)

() COMPLETE CUTTING OF GLASS () NONE
() PARTIAL CUTTING OF GLASS () UNKNOWN

E. Method: () EJECTION SEQUENCE () MANUALLY UNLOCKED
() CANOPY JETTISON HANDLE () EXTERNAL FORCE (EXPLAIN IN REMARKS)
() OTHER () UNKNOWN
() NA - THRU-CANOPY

8. Method of Ejection Initiation (check only one):

() ARM REST () FACE CURTAIN () LOWER EJECTION HANDLE
() IMPACT () FIRE () COMMAND SEQUENCER
() MECHANICAL MALFUNCTION/FAILURE

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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() OTHER EXTERNAL FORCE (windblast, etc. Explain in remarks)
() UNKNOWN

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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9. Body Position at Ejection (as compared to optimal, use code):

_____Head _____Hips _____Feet _____Elbows
Codes: 1=Optimal 2=Forward 3=Upward 4=Lateral 9=Unknown

10. Position of Ejection Seat (X):

()FULL UP ()FULLDOWN ()INTERMEDIATE POSITION ()UNKNOWN

11. Method of Separating Man from Seat (X):

()DID NOT SEPARATE ()AUTOMATIC (AS DESIGNED) ()MANUAL OVERRIDE
()OTHER (describe) ()UNKNOWN

12. Parachute Data:

A. Parachute Type:_____

B. Parachute Function (check all that apply):

()FUNCTIONED PROPERLY ()PARTIALLY DEPLOYED ()FAILED TO ACTUATE
()ENTANGLEMENT-MAJOR ()ENTANGLEMENT-MINOR ()INJURY FACTOR
()MALFUNCTION/DESIGN DEFICIENCY
()MAINTENANCE/INSTALLATION ERROR

13. Method of Deploying Parachute (X):

()NOT DEPLOYED ()AUTOMATIC (as designed) ()MANUAL
()UNKNOWN ()OTHER (describe)

14. Parachute Opening Shock (X):

()NEGLIGIBLE ()MODERATE ()SEVERE ()UNKNOWN

15. Oscillations (use codes):

0=Negligible 1=Moderate 2=Severe 9=Unknown

A. During descent (check one & use code):

()4-line release system _____ prior to actuation
installed/actuated _____ after actuation

()4-line release system _____ during descent
not installed/actuated

B. Effect of Seat Survival Kit Deployment:_____

16. Parachute Damage (indicate number of):

_____Severed Suspension Lines _____Missing Panels
_____Torn Panels-Major _____Torn Panels-Minor

17. Cause of Parachute Damage (check all that apply, number in sequence if multiple):

()OPENING SHOCK ()FIRE ()LANDING
()FOULED ON EJECTION SEAT ()FOULED ON AIRCRAFT ()TREES
()DRAGGING ()OTHER (describe) ()UNKNOWN

18. Direction Faced at Parachute Landing WRT Horizontal Travel (X):

()DIRECTLY FACING ()FACING AWAY ()QUARTERING, FACING
()QUARTERING, BACK ()DIRECTLY SIDEWAYS ()UNKNOWN

19. Landing Conditions (X): ()ACTUAL ()ESTIMATED

A. Surface Winds (knots):_____

B. Dragged by Chute (X): ()YES ()NO

C. Distance/time dragged: _____Yards/_____Seconds

D. Underwater use of emergency oxygen (X): ()YES ()NO ()NA

20. Parachute Actuation During Bailout (X):

()AUTOMATIC PARACHUTE ACTUATOR LANYARD CONNECTED
()PARACHUTE ACTUATED MANUALLY (O-RING)
()OTHER (describe)

21. Remarks: (see instructions)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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Instructions for Completion of SIR Enclosure Form 07

1. Submit this form for each person who ejected or bailed out, or who attempted to eject or bail out. Also submit this form if canopy is jettisoned for any reason other than ejection or bailout.
2. Time from Emergency until Escape Attempt Initiated, part 1: time starts from the moment that the aircrew member recognized that an ejection/bailout may be required. In many mishaps, an emergency does not warrant an immediate attempt to abandon the aircraft; instead an emergency landing, ditching, etc., may be attempted. If this proves futile as the situation deteriorates (due to flameout, loss of control, realization that runway cannot be reached, etc.), a decision to escape is made. Indicate the time from this recognition until escape attempt was initiated. Indicate "ESTIMATED" if actual times cannot be determined.
3. Body Position at Ejection, part 8: optimal body position for ejection is: head against headrest, chin slightly elevated, hips all the way back, feet on rudder pedals, heels on deck and elbows tucked in. Use the codes provided to indicate that the body parts were in optimal position or their displacement from the optimal.
4. Parachute Damage, part 15: consider a parachute panel missing if the damage is so severe that it is totally ineffective as a means of deceleration, even though remnants are still attached to the edges of the panel. Identify gores and panels by number and letters based upon information in NAVAIR 13-1-6.2 Personnel Parachute Manual.
5. Remarks, part 20: briefly amplify responses with a "(describe)" label adjacent to the response box or explain other responses not covered adequately by the blocks available on the form. To do so, indicate the number/letter corresponding to each item and followed by the narrative explanation.

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

OPNAVINST 3750.6R
1 Mar 01

LEAVE THIS PAGE BLANK

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1. Conditions Prevailing at Survival/Rescue Site:

- A. Temperature/Winds/Waves: (if widely variable, give range)
 (1) Water Temp: _____deg F (2) Air Temp: _____deg F
 (3) Surface Wind: _____kts (4) Wave Height: _____ ft
 _____deg _____ deg(mag)
 (5) Wave Freq: _____per min
- B. Terrain (X):
 ()Open Ground ()Woods/Jungle ()Mountains
 ()Desert ()Water ()Ice/Snow
 ()Swamp ()Other ()Unknown
- C. Weather (X):
 ()Clear ()Overcast ()Fog
 ()Rain ()Snow ()Sleet
 ()Hail ()Other ()Unknown

	Actual Time (24 hour) local clock	Elapsed Time from mishap	Light Conditions (X)			
			Dawn	Day	Dusk	Night
Rescue personnel notified						
Rescue vehicle departed						
This individual located by rescue personnel						
This individual physically reached by rescue vehicle personnel						
This individual actually in rescue vehicle or rescue attempt abandoned						
Rescue completed (Person returned to station, hospital, etc.)						

4. Personnel/Vehicles Performing Rescue:

- A. Vehicle Performing Actual Pickup of This Person:
 (1) Organization:_____ (2) Type/Model:_____
 (3) Location When Alerted:_____
 (4) Duty When Alerted:_____
 (5) Distance to Victim(s) (miles):_____ straight line
 _____ actual miles traveled
- B. SAR Report Information: SAR Report Attached ()YES ()NO
 Report #_____
 Available from:_____
- C. Did Rescue Personnel Leave Vehicle to Assist in Rescue: ()Yes () No
 If yes, how: ()Parachuted ()Jumped ()Lowered by Hoist
 ()Descended Line/Ladder/Net ()Into Water/Onto Ground (no jump)
 ()Other

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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5. Personnel/Vehicles Assisting/Attempting Rescue:

A. Organization:_____ B. Type/Model:_____

C. Problems: ()YES ()NO (If yes, explain in remarks)

List additional vehicles participating/standing by in remarks or attach additional sheet.

6. Rescue Alerting Means (use numbers to show sequence):

()Witnessed ()Crash Phone ()Other Telephone
()Radio MAYDAY Call ()Survival Radio ()Other Radio Report
()Radar Surveillance ()Overdue Report to SAR
()Airborne Rapid Relay ()Visual Signaling Equipment
()Survivor Report ()Loss of Radio Contact
()Smoke/Fire/Crash Scene ()Audio Signaling Equipment
()Other (describe)

7. Alerting Communications Problems (X):

()Poor Radio Reception ()Telephone Line Busy
()Poor Radio Discipline ()Acft Radio/Iff Eqpt Inop
()Poor Radio Procedures ()Language Problems
()Incompatible Radio Frequency
()None ()Other () IFF

8. Delays in Departure of Rescue vehicle(s):

()Vehicle Operator Not Available ()Vehicle Not Ready
()Vehicle Crew Not Available ()Communication Breakdown
()Completing Previously Assigned Duties
()Lack of Information on Crash Site
()Nature of Terrain ()Weather
()None ()Other

9. Rescue vehicle problems enroute:

()Headwind ()Poor Visibility ()High Sea State
()Mechanical Problems ()Nature of Terrain ()Rescuers Lost
()Weather ()Other Obstructions (fences, etc)
()None ()Other (specify)

10. Problems in Locating Individual or Keeping Individual in Sight (X):

()Heavy Seas ()Trees ()Fog/Clouds
()Precipitation ()Darkness ()Radio Interference
()Loss of Radio/Radar Contact ()Inadequate/Improper Search
()Confusion Due to Other Lights ()Malfunction of Directional Equipment
()Lack of Correct Information on Location of Survivor
()Inability to Visually Distinguish Survivor from Terrain
()Survivor's Failure to Use Signaling Equipment
()None
()Other (describe)

11. Rescue Equipment Used (use numbers to show sequence):

()Rescue Strop ()Seat ()Cargo Net
()Rope ()Life Ring ()Basket
()Boom Net ()Davit ()Raft
()Webbing Cutters ()Gated D-Ring ()Grapnel
()Boarding Ladder ()Makeshift Carrier/Support
()First Aid Equipment ()Forest Penetrator ()Helicopter Platform
()Stretcher ()Cable Cutters
()Helicopter Rescue Boom ()Knife/Axe/Saw
()Billy Pugh Net ()Other (describe)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

1 Mar 01

Survival and Rescue Data

Page 3 of 6

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12. SURVIVAL PROBLEMS ENCOUNTERED BY THIS PERSON (Number in the sequence experienced)

- | | |
|---|---|
| <input type="checkbox"/> 01 Inadequate Flotation Gear | <input type="checkbox"/> 18 Weather |
| <input type="checkbox"/> 02 Inadequate Cold Weather Gear | <input type="checkbox"/> 19 Topography(Swamps, Mountains, Deserts,
etc.) |
| <input type="checkbox"/> 03 Lack of Signaling Equipment | <input type="checkbox"/> 20 Darkness |
| <input type="checkbox"/> 04 Lack of Other Equipment | <input type="checkbox"/> 21 Thrown Out of Raft |
| <input type="checkbox"/> 05 Entanglement (Parachute) | <input type="checkbox"/> 22 Hampered by Helo Downwash |
| <input type="checkbox"/> 06 Dragging(Parachute) | <input type="checkbox"/> 23 Problem Boarding Rescue Vehicles |
| <input type="checkbox"/> 07 Parachute Hardware Problem | <input type="checkbox"/> 24 Thirst |
| <input type="checkbox"/> 08 Entrapment in Aircraft | <input type="checkbox"/> 25 Hunger |
| <input type="checkbox"/> 09 Pulled Down by Sinking Parachute | <input type="checkbox"/> 26 Insects, Snakes, Animals, etc. |
| <input type="checkbox"/> 10 Entanglement (Other than parachute) | <input type="checkbox"/> 27 Sharks |
| <input type="checkbox"/> 11 Unfamiliar with Procedure | <input type="checkbox"/> 28 Proximity to Ship (____Yards) |
| <input type="checkbox"/> 12 Unfamiliar with Equipment | <input type="checkbox"/> 29 Hampered by Injuries |
| <input type="checkbox"/> 13 Confused, Dazed, Disoriented | <input type="checkbox"/> 30 None |
| <input type="checkbox"/> 14 Incapacitated by Injury | <input type="checkbox"/> 98 |
| <input type="checkbox"/> 15 Poor Physical Condition | Other(Describe)_____ |
| <input type="checkbox"/> 16 Exposure (Heat, Cold, Sunburn) | |
| <input type="checkbox"/> 17 Fatigue | |

13. PROBLEMS THAT COMPLICATED RESCUE OPERATIONS

- | | |
|---|--|
| <input type="checkbox"/> 01 Failure of Rescue Vehicle (Mechanical Problems) | <input type="checkbox"/> 21 Victim Pulled Away by External Forces |
| <input type="checkbox"/> 02 Inadequacy/Lack of Rescue Vehicle | <input type="checkbox"/> 22 Weather |
| <input type="checkbox"/> 03 Failure of Rescue Equipment (Hoist, etc.) | <input type="checkbox"/> 23 Darkness |
| <input type="checkbox"/> 04 Inadequacy/Lack of Rescue Equipment | <input type="checkbox"/> 24 Weight/Drag Problem Not Due to Parachute |
| <input type="checkbox"/> 05 Inadequacy of Rescue Personnel Knowledge/Training | <input type="checkbox"/> 25 Hampered by Personal/Survival Equipment of Person Being Rescued |
| <input type="checkbox"/> 06 Inadequate Medical Equipment | <input type="checkbox"/> 26 Floating Debris |
| <input type="checkbox"/> 07 Inadequate Medical Facilities | <input type="checkbox"/> 27 Primary Rescuer Delayed Awaiting Futile Attempts by Other Rescuers |
| <input type="checkbox"/> 08 Vehicle Operator Factor (Poor Procedures) | <input type="checkbox"/> 28 Hampered by Helicopter Downwash |
| <input type="checkbox"/> 09 Rescue Crewman Assist Hesitancy | <input type="checkbox"/> 29 Inadequate Training of Person being Rescued |
| <input type="checkbox"/> 10 Fire/Explosion | <input type="checkbox"/> 30 Inadequate Knowledge of Aircraft Emergency Escape Means |
| <input type="checkbox"/> 11 Entrapment in Aircraft | <input type="checkbox"/> 31 Inadequate Knowledge of Personal Equipment Releases/Actuators |
| <input type="checkbox"/> 12 Physical Limitations of Rescue Personnel | <input type="checkbox"/> 32 Inadequate Rescue Procedures/Pre-Mishap Plans |
| <input type="checkbox"/> 13 Physical Limitations of Person Being Rescued | <input type="checkbox"/> 33 Poor Availability of Rescue Equipment |
| <input type="checkbox"/> 14 Carelessness of Rescue Personnel | <input type="checkbox"/> 34 Poor Suitability of Rescue Equipment |
| <input type="checkbox"/> 15 Panic/Inappropriate Actions of Person Being Rescued | <input type="checkbox"/> 35 Poor Survivor's Techniques |
| <input type="checkbox"/> 16 Rescue Vehicle Accident | <input type="checkbox"/> 36 Poor Coordination of Rescue Efforts |
| <input type="checkbox"/> 17 Communications Problems | <input type="checkbox"/> 37 None |
| <input type="checkbox"/> 18 Drag/Entanglement by Deployed Parachute | <input type="checkbox"/> 98 Other (Describe) _____ |
| <input type="checkbox"/> 19 Topography (Rough Seas, Mountains, etc.) | _____ |
| <input type="checkbox"/> 20 Interference from Other Vehicles | _____ |

(check one)

(check one)

14. INDIVIDUAL'S PHYSICAL CONDITION	DURING RESCUE	AFTER RESCUE
1. Fully Able to Assist		
2. Partially Able to Assist		
3. Immobile or Unconscious		
4. Fatal on Recovery-Due to Injuries		
5. Fatal on Recovery-Drowned		
6. Recovered Alive-Died From Injuries		
7. Lost During Rescue Attempt-Apparently Injured or Drowned		

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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15. LOCATOR MEANS (Actual Rescue Vehicle, see instructions)

MEANS	ROLE	PROBLEM	MEANS	ROLE	PROBLEM	MEANS	ROLE	PROBLEM
1.			7.			13.		
2.			8.			14.		
3.			9.			15.		
4.			10.			16.		
5.			11.			17.		
6.			12.			18.		

16. REMARKS (Indicate item referred to. Continue on separate sheet, if necessary)

INSTRUCTIONS

Submission criteria: Submit this form on each person who was retrieved as a result of a search-and-rescue (SAR) effort. Also submit this form for an unsuccessful SAR effort.

1. More than one condition may prevail under A, B, and C.

2. Take care in completing this section. Report all times as local. Elapsed time begins from the moment rescue personnel are first notified. The length of time that a survivor is exposed to environmental hazards before aid arrives forms the basis for a great deal of research in Aviation Life Support Systems (ALSS).

3. Do not count time in the raft as part of the time in the water. A total of A plus B should represent total time from water entry until rescue. If the individual abandons his raft for rescue, this time is part of A.

4. A: Pertains only to the vehicle that performed the actual rescue. Title of organization effecting the rescue is, e.g., HS-1 Sheriff's Department, etc., if civilian, list name and address. The rest of this section is self explanatory.

5. A, B, and C: This is a rescue vehicle/person that was physically capable of making the rescue but did not for some reason. Example: a helo that developed a problem with the hoist and stood by while a motor whale boat made the rescue.

D: Refers to vehicles other than that listed in A, B, and C that participated or could have participated in a rescue attempt.

6. Indicate how rescuers/units were alerted to the need for a rescue effort. participants.

7. Include all active participant's problems.

8-11. Fill out these sections for all active participants.

12. This differs from the equipment section reporting of problems/condition in that a condition (such as dragging) does not necessarily create a problem to the survivor. It is only when the factors listed here present a hazard to this survivor that they are to be checked. The same condition may be a very real problem to one individual and not bother another survivor at all.

(continued on next page)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

1 Mar 01

Survival and Rescue Data

Page 5 of 6

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13. Pertains only to the vehicle that performed the actual rescue. If another vehicle experienced problems, these should be commented on in the REMARKS section. The problems and conditions listed here should be checked if present. A condition which does not affect the outcome of today's rescue may result in a loss of life tomorrow. (Interpretation of this item is in direct contrast to Section XII above, which assesses individual reaction rather than potential hazard.)

14. Check appropriate columns concerning survivor's/victim's condition.

15. The following covers naval signaling devices, as well as general locator means. This list is very specific as to method/device. Accurate reporting of these methods/devices is of paramount importance, since evaluation and improvement of these items are constantly being conducted. Consult Life Support Equipment Specialists for accurate nomenclature of these locators. Since new devices are constantly becoming available, this list may not be all-inclusive. Indicate any additional locator means which are not on the list if applicable to this individual. List the devices in the order they were actuated.

LOCATOR MEANS CODES

GENERAL

- 01. Mishap observed.
- 02. Crash scene located without aid of signaling or personal equipment.
- 03. Individual sighted without aid of signaling or personal equipment.
- 04. Survivor located rescuers.

ELECTRONIC SIGNALING DEVICES

- 05. Radio/radar vector or DF steer.
- 06. AN/URT-26.
- 07. AN/PRC-90-2.
- 13. AN/PRT-5.
- 23. AN/URT-33.
- 24. AN/PRC-90.
- 64. AN/PRC-112
- 65. AN/PRC-125
- 66. AN/PRC-112B
- 67. PRC-149

PYROTECHNICS

- 26. Flare, MK-13-Mod 0.
- 27. Smoke, MK-13-Mod 0.
- 28. Pencil Flare MK-79-Mod 0.
- 32. Pyrotechnic Pistol (Very Pistol).
- 33. Mini Flare.
- 34. Mini Smoke.

BALLISTICS

- 35. .38 Flare (Victory Model).
- 36. .38 Flare (Air Weight).
- 37. .38 Tracers.
- 38. .38 Tracers (Air Weight).

AUDITORY

- 39. Smith and Wesson (Model 9mm).
- 40. Gunfire (other)
- 41. Whistle
- 42. Voice

VISUAL

- 43. Fire/Smoke (Made by Survivor)
- 44. Other Aircraft Orbiting Scene.
- 45. Signals Tramped in Snow, etc.
- 46. SDU-5/E Strobe Light With Shroud.
- 49. Signal Wand
- 50. Smoke Float.
- 52. Smoke Grenade.
- 54. Mirror.
- 55. Dye marker
- 56. Raft/Vest/Poncho
- 57. Parachute.
- 58. Helmet.
- 59. Flight Suit.
- 60. Reflective Tape.
- 62. LPP Preserver Light .
- 98. Other/Explain.

I - The individual experienced difficulty with the use of the device (i.e., familiarity, training, knowledge, injury, etc.)

M - Malfunction of device.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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NOTE: A detailed description and discussion of problems should be given on the Equipment form (Enclosure Form 7) and on the analysis form (Enclosure Form 11), if significant.

Code the role of a particular method/device in the discovery of the survivor/rescuer as follows:

"P" - Primary

"S" - Secondary

NOTE: Even though a device was utilized more than once, it shall be listed again in its proper sequence.

An example follows: An AV-8 was heading back to the CV at sunset when it suddenly experienced an engine failure. The pilot ejected before broadcasting a "MAYDAY". On ejection, the URT-33 (243 MHZ frequency) beacon (in his seat pan) actuated. Once safely under his parachute, the pilot attempted to contact someone with the PRC-90 radio. The beacon in the seat pan interfered with the transmission. (He had selected 243 on his PRC-90). His PRC-90 radio was knocked out of his hand on water entry and the pilot lost it. (It was secured to his MA-2 torso harness pocket.) The pilot boarded his LR-1 liferaft and deployed the sea dye marker and his strobe light. In the distance a helo approached. The pilot fired off two MK-79 pen flares. He also attempted to use his mirror, even though the sun was setting. (He later learned that the helo crew had seen the flashes from the mirror, causing them to head in his general direction.) As the helo approached, the crew simultaneously saw the sea dye marker and the strobe light. The helo continued its approach. The pilot attempted to give them wind direction information by actuating a MK-13 flare. He accidentally actuated the night end. The second MK-13 flare failed to actuate and the third one functioned properly. An uneventful rescue followed.

MEANS	ROLE	PROBLEM	MEANS	ROLE	PROBLEM	MEANS	ROLE	PROBLEM
1. 23			7. 54			13.		
2. 24		I	8. 26	I		14.		
3. 55	S		9. 27	M		15.		
4. 46	S		10. 27			16.		
5. 28			11.			17.		
6.			12.			18.		

16: Self-explanatory. Amplify any item as necessary.

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

1 Mar 01

Aircrew Data

Page 1 of 2

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Personal Data: (Attach Additional Sheets, if necessary)

List Aircrew Data. Pilot & Copilot (Seat Position) Check Pilot-At-Controls (PAC) & Pilot-In- Command, MC as appropriate	<input type="checkbox"/> MC Pilot <input type="checkbox"/> PAC <input type="checkbox"/> PIC	<input type="checkbox"/> MC Pilot/Copilot <input type="checkbox"/> PAC <input type="checkbox"/> PIC	<input type="checkbox"/> MC Navy Flight Officer	<input type="checkbox"/> MC Other Crew Member (Describe)	<input type="checkbox"/> MC Other Crew Member (Describe)
Last Name					
Age					
Designated Naval Aviator?	Yes No	Yes No	Yes No	Yes No	Yes No
Years Designated Aviator					
Designated NFO?	Yes No	Yes No	Yes No	Yes No	Yes No
Years Designated NFO					
Years Crew Experience					
Flight Time: (Summary)					
Total Hours:					
1 st Pilot/Copilot/Special Crew					
Total Night Hours:					
1 st Pilot/Copilot					
Total Hours in Mishap Model:					
1stPilot/Copilot/Special Crew					
Total Night Hours in Mishap Model:					
1stPilot/Copilot					
Hrs. In Mishap Model Last 7 Days:					
1stPilot/Copilot/Special Crew					
Night Hrs. In Mishap Model Last 7 Days:					
1stPilot/Copilot					
Hours In Mishap Model Last 30 Days:					
1stPilot/Copilot/Special Crew					
Night Hours In Mishap Model Last 30 Days:					
1stPilot/Copilot					
Hours In Mishap Model Last 60 Days:					
1stPilot/Copilot/Special Crew					
Night Hours In Mishap Model Last 60 Days:					
1stPilot/Copilot					
Hours In Mishap Model Last 90 Days:					
1stPilot/Copilot/Special Crew					
Night Hours In Mishap Model Last 90 Days:					
1stPilot/Copilot					
Hours In Mishap Model Last 120 Days:					
1stPilot/Copilot/Special Crew					
Night Hours In Mishap Model Last 120 Days:					
1stPilot/Copilot					
Hours In Mishap Model Last 180 Days:					
1stPilot/Copilot/Special Crew					
Night Hours In Mishap Model Last 180 Days:					
1stPilot/Copilot					
Total Shipboard Helo Landings:					
Day/Night					
Total CV Arrested Landings:					
Day/Night					
Total CV Arrested/Helo Shipboard Landings in Mishap Model: Day/Night					
CV Arrested/Helo Shipboard Landings Last 7 Days: Day/Night					
CV Arrested/Helo Shipboard Landings Last 30 Days: Day/Night					

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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Flight Time: (Recent)									
Total Flight Hours Last 24 Hours: 1stPilot/Copilot/Special Crew									
Total Flight Hours Last 48 Hours: 1stPilot/Copilot/Special Crew									
Number of missions flown with Pilot/Copilot in previous 6 months									

Number of times crew flew together during previous six months: _____

Simulator Time:									
Operational Flt Trainer Hours: Last 7/30/90 Days/Lifetime									
Night CV Landing Trainer Hours: Last 7/30/90 Days/Lifetime									
Weapons Systems Trainer Hours: Last 7/30/90 Days/Lifetime									
OTHER (Describe): Last 7/30/90 Days/Lifetime									
Aircrew qualifications: List individual's qualifications. Examples include Plane Commander, P2P, P3P, HAC, H2P, H3P, MSN CDR, Section LDR, Div LDR, STK LDR, CICO, etc.									

Instructions

Submission criteria: Submit this form for all mishaps that involve aircrew.

NOTE: Submit additional copies of this form as necessary to ensure that all naval aircrew involved in the reportable event regardless of personal involvement in causing the event, are addressed. If multiple aircraft are involved, submit a separate sheet for each aircraft.

DO NOT WRITE HERE

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

1 Mar 01

Aircraft Data

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Note: Complete only that information pertinent to possible and/or known mishap cause factor(s)

SECTION 1 - AIRCRAFT HISTORY

RECEIPT (REPORTING CUSTODIAN) 1. DATE	SINCE ACCEPT- ANCE 2. FLT HOURS	LAST OVERHAUL (SDLM) STANDARD DEPOT LEVEL MAINTENANCE 3. ACTIVITY 4. DATE 5. OVHL. NO			SINCE LAST SDLM 6. FLT HOURS
LAST PHASE CHECK PERFORMED					SINCE LAST PHASE CHECK
7. ACTIVITY			8. DATE	9. TYPE	10. FLT HOURS
LAST FUNCTIONAL CHECK FLIGHT					
11. ACTIVITY		12. DATE		13. REASON	
14. CITE PERTINENT RESULTS					
SINCE LAST FUNCTIONAL CHECK FLT 15. FLT HOURS	LAST DAILY INSPECTION 16. DATE	LAST TURN AROUND INSPECTION 17. DATE	IF SERVICE LIFE FOR THIS AIRCRAFT HAS BEEN EXTENDED 18. STATE REASON 19. CITE AUTHORITY		
MOST RECENT FLUID SAMPLES					
20. DATE	21. TYPE INSPECTION	22. FLUID NOMENCLATURE		23. RESULTS	
24. HISTORY OF MISHAP/BATTLE DAMAGE					
25. LIST ALL AIRCRAFT FLIGHT RESTRICTIONS EXISTING AT TIME OF THE MISHAP					
26. AIRCRAFT WAS RECOVERED FROM WATER: YES NO					

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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SECTION II - ENGINE HISTORY

GENERAL					
1. ENGINE MODEL	2. SERIAL NO	3. WORK UNIT CODE	4. MANUFACTURER'S PART NUMBER	5. TOTAL HOURS	6. ENGINE LOCATION ON ACFT
SINCE LAST OVERHAUL			LAST OVERHAUL		
7. TOTAL HOURS	8. FLIGHT HOURS	9. ACTIVITY	10. DATE	11. OVHL. NO.	
LAST CHECK PERFORMED					SINCE LAST CHECK
12. ACTIVITY			13. DATE	14. TYPE	15. FLT HRS
LAST ENGINE PERFORMANCE/GROUND TEST RUN					
16. ACTIVITY			17. DATE	18. TYPE (<i>Inflight, ground, etc.</i>)	
19. EFFICIENCY RESULTS:					

SECTION III - COMPONENT HISTORY

GENERAL					
1. COMPONENT	2. MAKE/MODEL	3. SERIAL NUMBER	4. WORK UNIT CODE	5. MANUFACTURER'S PART NUMBER	6. TOTAL FLT HRS
a.					
b.					
c.					
d.					
e.					
GENERAL (<i>Continued</i>)					
SINCE OVERHAUL/ REWORK			LAST OVERHAUL/REWORK		
7. FLT HRS	8. ACTIVITY	9. DATE	10. OVERHAUL/REWORK NUMBER		
a.					
b.					
c.					
d.					
e.					
f.					

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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SECTION IV – MAINTENANCE (Attach additional sheets; if necessary)

A. IF TECHNICAL DIRECTIVE (TD) COMPLIANCE LIST IS NOT CURRENT AND UPDATED, LIST ALL SIGNIFICANT TECHNICAL CHANGES/BULLETINS NOT INCORPORATED IN THIS AIRCRAFT. LIST IN BLOCKS (1) THROUGH (8) BELOW: (1) TD NUMBER; (2) TD DATE; (3) MAINTENANCE LEVEL; (4) RESPONSIBILITY; (5) PRIORITY; (6) COMPLIANCE WITH TIME LIMITS; (7) REASON FOR NONCOMPLIANCE; (8) WHETHER OR NOT REQUIRED MATERIAL (IF ANY) WAS ON HAND.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

B. IF DEVIATIONS FROM SCHEDULED MAINTENANCE (OTHER THAN THOSE AUTHORIZED BY OPNAVINST 4790.2) HAVE BEEN MADE, EXPLAIN IN BLOCKS (1) THROUGH (3) BELOW: (1) TYPES OF DEVIATIONS; (2) REASONS; (3) AUTHORITY

(1)	(2)	(3)

C1. INDICATE NUMBER & TYPES OF CONDITIONAL INSPECTIONS PERFORMED ON THIS BUREAU NO./SERIAL NO. FOR THE PAST 6 MONTHS	C2. PROVIDE ANY PUBLICATION/MAINTENANCE REQUIREMENT CARD NO. AND ANY PERTINENT INFORMATION

D1. INDICATE THE SQUADRON AVERAGE DIRECT MAINTENANCE MAN-HOUR PER FLIGHT HOUR (DMMH/FH) FOR PAST 6 MONTHS ON THIS AIRCRAFT	D2. INDICATE THE SQUADRON AVERAGE DMMH/FH FOR SAME PERIOD FOR THIS TYPE/MODEL/SERIES OF AIRCRAFT

E1. INDICATE THE AVERAGE UTILIZATION FACTOR FOR PAST 6 MONTHS ON THIS AIRCRAFT	E2. INDICATE THE SQUADRON AVERAGE UTILIZATION FACTOR FOR SAME PERIOD FOR THIS TYPE/MODEL/SERIES OF AIRCRAFT

F. LIST BELOW THE PERTINENT COMPONENT CHANGES ON THIS AIRCRAFT DURING PAST 6 MONTHS. IF COMPONENT INVOLVED HAS BEEN CANNIBALIZED FROM ANOTHER AIRCRAFT OR WAS REPLACEMENT FOR CANN. PART, SO STATE IN COL 4. ELSE STATE "NO CANNIBALIZATION INVOLVED."

(1) COMPONENT	(2) WUC	(3) JCN	(4) CANNIBALIZATION NOTE

G1. TOTAL CANNIBALIZATIONS LAST 30 DAYS THIS AIRCRAFT

G2. AVERAGE CANNIBALIZATION LAST 30 DAYS IN SQUADRON

H. LIST ALL OUTSTANDING DISCREPANCIES ON THE AIRCRAFT AT THE TIME OF MISHAP

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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SECTION V – MATERIAL (Attach additional sheets; if necessary)

A. LIST NON-MISSION CAPABLE SUPPLY (NMCS) AND/OR PARTIAL MISSION CAPABLE SUPPLY (PMCS) REQUISITIONS
OUTSTANDING FOR THIS BUREAU NUMBER, LIST IN BLOCKS (1) THROUGH (5) BELOW: (1) DOCUMENT NUMBER; (2)
PART-NUMBER; (3) NOMENCLATURE; (4) PROJECT CODE; AND (5) PRIORITY

(1)	(2)	(3)	(4)	(5)

SECTION VI – SUPPORT (Attach additional sheets; if necessary)

PROVIDE COMMENTS ON MANNING LEVELS, EXPERIENCE OF PERSONNEL, WORKING CONDITIONS, SUPPLY
SUPPORT, AVAILABILITY OF TEST EQUIPMENT AND GROUND SUPPORT EQUIPMENT, TEMPO OF OPERATIONS, ETC.
REFERENCE PRIOR MESSAGE DTG WHEN APPLICABLE.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

1 Mar 01

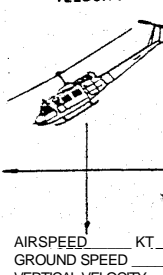
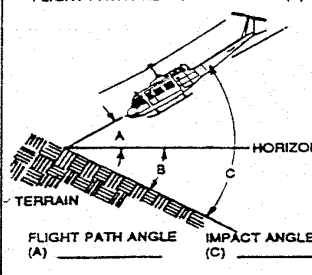
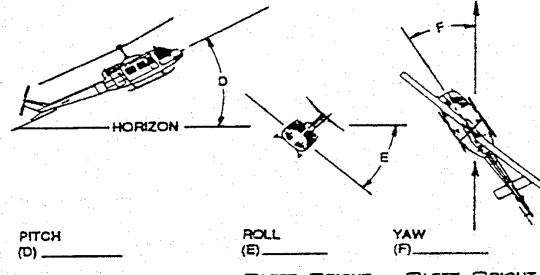

Impact Data

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1. IMPACT (Determined from physical evidence and non-privileged information)

VELOCITY  AIRSPEED _____ KT GROUND SPEED _____ VERTICAL VELOCITY _____ FT/MIN	FLIGHT PATH AND TERRAIN ANGLE(S)  FLIGHT PATH ANGLE (A) _____ TERRAIN ANGLE (B) _____ IMPACT ANGLE (C) _____	ATTITUDE  PITCH (D) _____ ROLL (E) _____ YAW (F) _____ <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	LATERAL VELOCITY  _____ FT/MIN <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT
---	--	--	--

2. IMPACT SITE TERRAIN

mountainous	packed clay
plain	cultivated soil
swamp	sod
concrete	snow
asphalt	water _____ ft depth
	ice _____ in. thickness

OBSTACLES

rock face	wires
boulders _____ ft. dia	poles
scrub	tower
trees _____ in dia.	rigid structure
Bird/Animal	wood frame structure
distance (feet) from first impact to major wreckage	

LOCATION TYPE:

- ☐ AVIATION SHORE FACILITY
☐ URBAN/SUBURBAN AREA
☐ RURAL AREA
☐ SHORE UNKNOWN
☐ OPEN WATERS (OCEANS/SEAS/GULFS)
☐ COASTAL WATERS (BAYS/SOUNDS)
☐ INLAND WATERS
☐ WATER UNKNOWN
☐ UNKNOWN

SHORE LOCATION CONTROLLED BY:

- ☐ CIVILIAN
☐ USN
☐ USMC
☐ USAF
☐ USA
☐ USCG
☐ GOVT - NON DOD
☐ FOREIGN MIL
☐ FOREIGN - OTHER
☐ UNKNOWN

Instructions

Submit this form for all mishaps involving manned aircraft that impact the earth, sea or other aircraft.

1. Impact: Describe aircraft attitude, speed and aspect at impact by assigning values to the variables depicted in the drawings.

2. Impact Site: Use available selection to characterize the terrain and features at the mishap site. Some selections require further description (depth, girth, thickness) in units indicated alongside. Check the block labeled "Other" and provide a brief description if the mishap site has unique features not included in the selection offered.

(continued on page 3)

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

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3. FUSELAGE DEFORMATION

(Shade in the areas deformed and show breaks in fuselage)

Fuselage Area	Inward Deformation (in inches)	Station No.		Fuselage Area	Inward Deformation (In Inches)	Station No.		Fuselage Area	Inward Def ormation (In Inches)	Station No.	
		From	To			From	To			From	To
Roof				Left Side				Belly			
Floor				Right Side				Nose			
								Rear			

4. MAJOR IMPACT FORCES

Did aircraft rotate about any axis after impact? (If yes, complete item a, b, c below)			
YES		NO	
Rotations (degrees)		UNKNOWN	
Aircraft Axis			
a. Roll	Left	Right	Degrees:
b. Yaw	Left	Right	Degrees:
c. Forward nose over(degrees)			
Impact forces relative to aircraft axes (Gs)			
Vertical (Gs)	Longitudinal (Gs)		Lateral (Gs)
Up Down	Fore	Aft	Left Right

5. NON-EJECTION SEAT DATA

Air Crew Duty			
Position in Aircraft			
Restraint System*			
Type (part number)			
Inertia Reel Locked? (Yes/No)			
Release Buckle Locked? (Yes/No)			
Seat System*			
Type (part number)			
Vertical Adj. Position			
Horizontal Adj. Position			
Seat Energy Absorber			
VLEA Wgt. Setting			
L.H. Vertical Stroke			
R.H. Vertical Stroke			
L.H. Horizontal Stroke			
R. H. Horizontal Stroke			
Other			

*Be sure to discuss component failures in the remarks section.

Name:	_____	Mishap Severity:	_____
Duty/Title:	_____	Mishap Category:	_____
Date of Mishap:	_____	Aircraft Model:	_____
Reporting Custodian:	_____	BUNO:	_____

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DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION

6. SEAT CONDITION POST IMPACT				
Attached to Airframe				
Not Attached to Airframe				
Partially Attached to Airframe				
Unknown				

7. FIRE:

☐ POST IMPACT ☐ PREIMPACT ☐ BOTH ☐ NONE ☐ UNKNOWN

8. FLIGHT DATA RECORDER:

☐ DATA RETRIEVABLE ☐ DATA RETRIEVABLE WITH REPAIR ☐ DATA NOT RETRIEVABLE

9. REMARKS.

Instructions
(continued from page 1)

3. Fuselage deformation: For occupied aircraft, shade the areas of the aircraft in the outline views, as appropriate, to indicate damage (crush, protrusion, tear). Label the drawing and complete appropriate boxes with measurements and reference station numbers to aid description. If the diagram provided is inadequate to depict the damaged areas, diagrams may be substituted from the appropriate NATOPS manual.

4. Major Impact Forces (occupied aircraft only): Rotation - describe aircraft motion following major impact (tumble, roll) and deceleration forces of the major impact.

5. Non-Ejection Seat Data:

Terminology: VLEA = Variable Load Energy Absorber

R.H. = Right Hand

L.H. = Left Hand

Adj. = Adjustment

6. Describe Aircraft Fire Damage.

7. Describe Flight Data Recorder usefulness after impact.

8. Remarks: Use this space to continue any narrative description for which space or options above are inadequate.

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

OPNAVINST 3750.6R
1 Mar 01

LEAVE THIS PAGE BLANK

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(Continue on additional sheets as necessary)

Flight Surgeon's Name: _____ Rank/Grade: _____
Mailing Address: _____

Phone Number: DSN _____ Commercial _____
Flight Surgeon's Email address: _____
Date Aeromedical Analysis Submitted: _____

Did Flight Surgeon participate fully in AMB Proceedings? Yes No

Hours spent in investigation: _____

AMSO or Others Who Assisted: _____

AMSO Telephone Number (DSN): _____ Commercial: _____

AMSO's Email address: _____

Reporting Custodian _____
Date of Mishap: _____
Aircraft Model: _____

Mishap Severity: _____
Mishap Category: _____
BUNO: _____

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Instructions

Submission criteria: The flight surgeon member of the AMB shall submit this form whenever: (1) human factor error is suspected as a cause of the mishap, or as a cause of any damage or injury directly or indirectly resulting from the mishap; (2) personal injuries or other relevant medical findings result from the mishap; or (3) aircrew try, whether successfully or not, to eject, bail out, or otherwise egress the aircraft.

Aeromedical Analysis Review: See chapter 7 paragraph 716 and appendix J for directions.

Enclosures to the Aeromedical Analysis:

Supporting documents should be held to a minimum. However, the following enclosures may be necessary to fully understand the aeromedical analysis and, if so, must be included:

1. The chronological account of activities of the previous 72 hours (SIR Form 3750/15) for each person involved.
2. Post Mishap History and Physical Examination and Medical records extracts.
3. Copies of 2 prior physical examinations and waiver letters.
4. AFIP reports (Blue report).
5. Electronic Copy of AA on disk to (Safety Center Code 14 only)
6. Reports or photographs of personal or sensitive material. (Seal in envelope and mark PASS DIRECTLY TO THE AEROMEDICAL DIVISION CODE 14 NAVAL SAFETY CENTER)
7. Other documents that meet the criteria for privilege that need to be enclosed to clarify or support the Aeromedical Analysis.

Reporting Custodian _____
Date of Mishap: _____
Aircraft Model: _____

Mishap Severity: _____
Mishap Category: _____
BUNO: _____

29 Nov 01

Chronological Account of Activities of Previous 72 Hours

Page 1 of 2

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DO NOT ATTACH THIS FORM TO A JAG INVESTIGATION**

1. General Data:

- A. Age:_____ B. Date of Birth (mmddyy):_____ C. Sex (circle): M F
 D. Marital Status (circle): SINGLE MARRIED DIVORCED SEPARATED
 E. Leave Data: (1) Date Last Leave Began (mmddyy):_____
 (2) Duration of Last Leave (days): _____
 (3) Type (circle): ORDINARY EMERGENCY SICK/CONVALESCENT
 F. Work/Rest Data (times in hours to nearest tenth)
 (1) Hours Worked in Last: 24 hours:_____ 48 hours:_____ 72 hours:_____
 (2) Continuous Duty Prior to Mishap (hours):_____
 (3) Hours Continuously Awake Prior to Mishap:_____
 (4) Hours Slept in Last: 24 hours:_____ 48 hours:_____ 72 hours:_____
 (5) Duration of Last Sleep Period (hours): _____
 (6) Last Sleep Period Was (circle): CONTINUOUS BROKEN
 (7) Hours between Last Meal and Mishap:_____
 (8) Time in Aircraft Prior to Takeoff (hours/tenths):_____

(Continue on additional sheets as necessary)

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

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Instructions

The flight surgeon shall submit this form as an enclosure to the aeromedical analysis for each aircrew member and for other persons who may have contributed to the mishap.

V. CHRONOLOGICAL ACCOUNT OF ACTIVITIES OF PREVIOUS 72 HOURS:

This history should begin 72 hours prior to the time of the mishap and proceed in a chronological order. Among important items to consider are: (1) exact content of meals (as known), (2) alcohol consumption, (3) sleep periods, (4) stressful situations of any nature, (5) significant events, and (6) medications/drugs. Items listed should be accompanied by time of occurrence (if known). Provide comments concerning any deviation from normal habit patterns. An example is provided:

FRIDAY: 2 OCT 2001

1800 Ate dinner at home: turkey, mashed potatoes and gravy, peas, 2 glasses of red wine, coffee and apple pie a la mode.
1900 Relaxed with family, watched TV, ate popcorn, drank 1 glass sherry.
2300 Went to bed. Took 2 Coricidin tablets for residual URI.

SATURDAY: 3 OCT 2001

0700 Woke up, ran 2 miles.
0800 Showered, breakfast with family: 1 egg, 2 strips bacon, 1 slice toast, orange juice and coffee.
0830 Read paper, relaxed.
0900 Worked on car, mashed finger, finger throbbing, took 2 APCs, treated finger with iodine, band-aid.
0930 Cut grass.
1130 Ate lunch: bologna sandwich, iced tea.
1200 Went shopping with wife.
1700 Dinner at a pizza parlor - ate half of a large pepperoni and mushroom pizza, drank small pitcher of beer.
1800 Went to movie with family.
2030 Arrived back home, relaxed, listened to music, 1 glass brandy.
2200 Went to bed.
2300 Finger throbbing, got up and took 2 APCs.
2330 Back to bed.

SUNDAY: 4 OCT 2001

0800 Woke up, ran 2 miles.
0900 Showered, breakfast with family, 8-ounce glass orange juice, coffee, 2 waffles with syrup.
0930 Read Sunday paper.
1030 Dressed for church.
1100 Left to go to church with family
1330 Lunch at hamburger joint, 1 quarter-pound cheeseburger, fries, and large coke.
1400 Took kids to zoo and park.
1600 Returned home, watched sports on TV, 2 beers.
1900 Supper at home, spaghetti and meat sauce, 2 glasses Chianti, salad, 2 slices garlic bread
2000 Call from mother: father had heart attack, in hospital, condition - satisfactory.
2200 1 glass sherry, went to bed.
2300 Awakened by baby crying, helped wife with sick baby.
2400 To sleep.

MONDAY: 5 OCT 81

0530 Awoke, ran 2 miles.
0600 Showered, dressed for work, no breakfast.
0630 Left for squadron.
0700 Arrived at squadron.
0730 Brief for flight.
0900 FLY - one-on-one ACM mission with F-14s from sister squadron.
1015 Land at NAS Homebase.
1040 Debrief.
1100 To Division Office, paperwork.
1200 Lunch: hotdog, coke, candy bar.
1300 In Squadron maintenance spaces.
1630 Brief for hop.
1700 T.O.
1800 Fire warning light, observed deteriorating engine instruments, flames and smoke, ejected - no injury.
1815 Rescued by SAR helo.
1830 Landed at NAS Homebase, to dispensary.

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

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AMPLIFYING COMMENTS		
	BRIEFED / FORECAST	ACTUAL WEATHER
SKY CONDITIONS: (Provide sky conditions in wx sequence report format.)		
ICING CONDITIONS: (Provide amplifying remarks when Icing = Yes on previous page.)		
GENERAL METRO COMMENTS:		

LANDING / TAKEOFF ENVIRONMENTAL DATA (IF APPLICABLE)

RUNWAY _____ (L) (R) (C)
(Enter "N/A" above for LZ's, Afloat Surfaces, etc.)
WINDS RELATIVE TO RNWY HDG _____ °

RUNWAY SURFACE CONDITIONS

à LOOSE SNOW à DRY
à PACKED SNOW à OILY
à WET à SANDED
à ICE à SLUSH
à UNPREPARED à UNKNOWN
◊ PATCHY CONDITIONS
◊ OTHER _____

RUNWAY BRAKING ACTION

◊ GOOD
◊ FAIR
◊ POOR
◊ NIL
◊ N/A
◊ UNKNOWN

AIRCRAFT LANDING DATA (IF APPLICABLE)

CASE RECOVERY

◊ CASE I
◊ CASE II
◊ CASE III

ARRESTING GEAR SETTINGS

ACFT TYPE _____

CCA DATA

MODE
◊ COUPLED
◊ COUPLED TO 100'
◊ ILS
◊ GCA
◊ NON-PRECISION
◊ UNKN
◊ N/A

RADAR

◊ SPN-41
◊ SPN-42
◊ SPN-43
◊ SPN-46
◊ UNKN
◊ N/A
◊ OTHER _____

GLIDE SLOPE SETTING

_____ °

SHIP DATA TRIM ANGLE _____ ° DECK MOTION (VERTICAL) _____ FT TARGET WIRE _____	TYPE OF VLA ◊ IMPROV FRESNEL ◊ FRESNEL ◊ MOVLAS ◊ N/A ◊ OTHER _____	VLA DATA VLA ROLL ANGLE SETTING _____ ° VLA GLIDE SLOPE SETTING _____ ° VLA POLE CHECKS ◊ INERTIAL _____ (MINUTES) ◊ LINE _____ (MINUTES) ◊ UNKN ◊ N/A
---	--	---

COMMENTS

LANDING COMMUNICATIONS	LSO CONSOLE	LSO / LSE QUALS
------------------------	-------------	-----------------

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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(Continue on additional sheets as necessary)

Flight Surgeon's Name: _____ Rank/Grade: _____
Mailing Address: _____

Phone Number: DSN _____ Commercial _____
Date Aeromedical Analysis Submitted: _____

Did Flight Surgeon participate fully in AMB Proceedings? Yes No
Hours spent in investigation: _____
AMSO or Others Who Assisted: _____
AMSO Telephone Number (DSN): _____

Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

AEROMEDICAL ANALYSIS

Page 2 of 2 Aeromedical Review, Discussion, Conclusion and Recommendations

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each person involved.
2. Medical record extracts.
3. AFIP reports.
4. Reports or photographs of personal or sensitive material.
5. Other documents that meet the criteria for privilege that need to be enclosed to
clarify or support the Aeromedical Analysis

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

Chronological Account of Activities of Previous 72 Hours Page 1
of 2

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D. Marital Status (circle): SINGLE MARRIED DIVORCED SEPARATED
E. Leave Data: (1) Date Last Leave Began (mmddyy):_____
(2) Duration of Last Leave (days): _____
(3) Type (circle): ORDINARY EMERGENCY SICK/CONVALESCENT
F. Work/Rest Data (times in hours to nearest tenth)
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(2) Continuous Duty Prior to Mishap (hours):_____
(3) Hours Continuously Awake Prior to Mishap:_____
(4) Hours Slept in Last: 24 hours:_____ 48 hours:_____ 72 hours:_____
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(6) Last Sleep Period Was (circle): CONTINUOUS BROKEN
(7) Hours between Last Meal and Mishap:_____
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Name: _____	Mishap Severity: _____
Duty/Title: _____	Mishap Category: _____
Date of Mishap: _____	Aircraft Model: _____
Reporting Custodian: _____	BUNO: _____

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(Continue on additional sheets as necessary)

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____

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FRIDAY: 2 OCT 81

1800 Ate dinner at home: turkey, mashed potatoes and gravy, peas, 2 glasses of red wine, coffee and apple pie a la mode.

1900 Relaxed with family, watched TV, ate popcorn, drank 1 glass sherry.

2300 Went to bed. Took 2 Coricidin tablets for residual URI.

SATURDAY: 3 OCT 81

0700 Woke up, ran 2 miles.

0800 Showered, breakfast with family: 1 egg, 2 strips bacon, 1 slice toast, orange juice and coffee.

0830 Read paper, relaxed.

0900 Worked on car, mashed finger, finger throbbing, took 2 APCs, treated finger with iodine, band-aid.

0930 Cut grass.

1130 Ate lunch: bologna sandwich, iced tea.

1200 Went shopping with wife.

1700 Dinner at a pizza parlor - ate half of a large pepperoni and mushroom pizza, drank small pitcher of beer.

1800 Went to movie with family.

2030 Arrived back home, relaxed, listened to music, 1 glass brandy.

2200 Went to bed.

2300 Finger throbbing, got up and took 2 APCs.

2330 Back to bed.

SUNDAY: 4 OCT 81

0800 Woke up, ran 2 miles.

0900 Showered, breakfast with family, 8-ounce glass orange juice, coffee, 2 waffles with syrup.

0930 Read Sunday paper.

1030 Dressed for church.

1100 Left to go to church with family

1330 Lunch at hamburger joint, 1 quarter-pound cheeseburger, fries, and large coke.

1400 Took kids to zoo and park.

1600 Returned home, watched sports on TV, 2 beers.

1900 Supper at home, spaghetti and meat sauce, 2 glasses Chianti, salad, 2 slices garlic bread

2000 Call from mother: father had heart attack, in hospital, condition - satisfactory.

2200 1 glass sherry, went to bed.

2300 Awakened by baby crying, helped wife with sick baby.

2400 To sleep.

MONDAY: 5 OCT 81

0530 Awoke, ran 2 miles.

0600 Showered, dressed for work, no breakfast.

0630 Left for squadron.

0700 Arrived at squadron.

0730 Brief for flight.

0900 FLY - one-on-one ACM mission with F-14s from sister squadron.

1015 Land at NAS Homebase.

1040 Debrief.

1100 To Division Office, paperwork.

1200 Lunch: hotdog, coke, candy bar.

1300 In Squadron maintenance spaces.

1630 Brief for hop.

1700 T.O.

1800 Fire warning light, observed deteriorating engine instruments, flames and smoke, ejected - no injury.

1815 Rescued by SAR helo.

1830 Landed at NAS Homebase, to dispensary.

Name : _____

Duty/Title: _____

Date of Mishap: _____

Reporting Custodian: _____

Mishap Severity: _____

Mishap Category: _____

Aircraft Model: _____

BUNO: _____

1 Mar 01

Page 1 of 2

BIRD/ANIMAL STRIKE HAZARD REPORTINSTRUCTIONS

1. Please print clearly.
2. There is only one correct answer per block.
3. Block 2, year, month, day
4. Block 3, military time - the hour only (01 23 15 11)
5. Blocks 4 and 5 are a four or five digit number and check the block for compass direction.
6. Block 7, give the four or five letter/number airport identifier and print the name of the airport/station.
7. Blocks 8 and 9 are self explanatory.
8. Block 10, write runway number and check the appropriate box.
9. Blocks 11, 12, and 13 are self explanatory.
10. Blocks 14, 15, and 17 are self explanatory.
11. Block 16, list the specific route, i.e., IR, VR, SR, or the specific MOA.
12. The rest of the form is self explanatory.
13. Put additional comments or narrative on the reverse side.

1. LIGHT COND. <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> UNKNOWN	2. DATE OF STRIKE <input type="checkbox"/> UNKNOWN	3. LOCAL TIME <input type="checkbox"/> UNKNOWN	4. LATITUDE <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> UNKNOWN	5. LONGITUDE <input type="checkbox"/> EAST <input type="checkbox"/> WEST <input type="checkbox"/> UNKNOWN	6. CLOUD CONDITIONS <input type="checkbox"/> ABOVE CLOUD <input type="checkbox"/> BELOW CLOUD <input type="checkbox"/> IN CLOUDS <input type="checkbox"/> BETWEEN CLOUDS <input type="checkbox"/> CLEAR OF CLOUDS <input type="checkbox"/> CAVU <input type="checkbox"/> UNKNOWN		
7. AIRPORT IDENT. <input type="checkbox"/> NAVAL VESSEL <input type="checkbox"/> OUTSIDE BASE CONTROL <input type="checkbox"/> UNKNOWN	8. ALTITUDE (AGL) <input type="checkbox"/> UNKNOWN	9. SPEED (KIAS) <input type="checkbox"/> UNKNOWN	10. RUNWAY <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> CENTER <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> UNKNOWN	11. AIRCRAFT MODEL	12. AIRCRAFT BUREAU NUMBER	13. PROVIDE IF LOCATION IS KNOWN NEAREST NAVAID ID: _____ BEARING: _____ DME: _____	
14. PHASE OF FLIGHT <input type="checkbox"/> TAKE-OFF <input type="checkbox"/> LANDING <input type="checkbox"/> TOUCH & GO/MISSED APPROACH <input type="checkbox"/> TRAFFIC PATTERN <input type="checkbox"/> FINAL APPROACH		15. LANDING LIGHTS <input type="checkbox"/> CLIMB <input type="checkbox"/> DESCENT <input type="checkbox"/> LOW LEVEL <input type="checkbox"/> RANGE <input type="checkbox"/> CRUISE <input type="checkbox"/> UNKNOWN	16. STROBE LIGHTS <input type="checkbox"/> ON <input type="checkbox"/> OFF <input type="checkbox"/> UNKNOWN	17. AIRWAY ROUTE <input type="checkbox"/> OR OPAREA <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> UNKNOWN	18. FIRE <input type="checkbox"/> YES <input type="checkbox"/> NO	19. BIRD ADVISORY ISSUED <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. SPECIES IDENTIFICATION <input type="checkbox"/> MISCELLANEOUS BIRD <input type="checkbox"/> SMALL BIRD <input type="checkbox"/> MEDIUM BIRD <input type="checkbox"/> LARGE BIRD <input type="checkbox"/> SEAGULL <input type="checkbox"/> GOOSE <input type="checkbox"/> DUCK <input type="checkbox"/> PIGEON <input type="checkbox"/> BLACKBIRD (NOT BLACK BIRD) <input type="checkbox"/> OTHER BIRD: LIST SPECIES <input type="checkbox"/> DEER <input type="checkbox"/> SMALL MISC MAMMAL <input type="checkbox"/> OTHER MAMMAL: LIST SPECIES			21. IMPACT POINT <input type="checkbox"/> STARLING <input type="checkbox"/> HERON/EGRET <input type="checkbox"/> SHOREBIRD <input type="checkbox"/> ALBATROSS <input type="checkbox"/> HAWK/RAPTOR <input type="checkbox"/> VULTURE <input type="checkbox"/> DOVE <input type="checkbox"/> HORNED LARK <input type="checkbox"/> MEADOW LARK <input type="checkbox"/> BAT <input type="checkbox"/> COYOTE		22. NUMBER ENCOUNTERED <input type="checkbox"/> RADOME/NOSE <input type="checkbox"/> WINDSHIELD/CANOPY <input type="checkbox"/> FUSELAGE <input type="checkbox"/> ECM POD/PYLONS <input type="checkbox"/> TAIL/STABILIZERS <input type="checkbox"/> EXTERIOR FUEL TANK <input type="checkbox"/> WEAPONS POD <input type="checkbox"/> ENGINE/INGESTION <input type="checkbox"/> ENGINE/EXTERIOR <input type="checkbox"/> PROPELLER <input type="checkbox"/> ROTOR <input type="checkbox"/> LANDING GEAR <input type="checkbox"/> WING/WING FLAPS <input type="checkbox"/> LIGHTS <input type="checkbox"/> OTHER: SPECIFY		23. DAMAGE AMOUNT: GIVE APPROXIMATE AMOUNT FOR REPAIR/PARTS FOR THIS HAZARD. <input type="checkbox"/> SINGLE BIRD/ANIMAL <input type="checkbox"/> MULTIPLE BIRDS/ANIMALS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> NOT KNOWN AT THIS TIME <input type="checkbox"/> DAMAGE AMOUNT KNOWN: SPECIFY: \$ _____

Name: _____
 Duty/Title: _____
 Date of Mishap: _____
 Reporting Custodian: _____

Mishap Severity: _____
 Mishap Category: _____
 Aircraft Model: _____
 BUNO: _____

PRINT OR TYPE

1. NARRATIVE:
(If additional information will clarify side 1, place it here..

2. DAMAGE DESCRIPTION: (If the aircraft sustained damage)

3. CORRECTIVE ACTION:

4. CO'S COMMENTS:

5. POINT OF CONTACT:

6. TELEPHONE NO.:

7. AIRCRAFT CUSTODIAN:

8. ADDRESS:

Name: _____
Duty/Title: _____
Date of Mishap: _____
Reporting Custodian: _____

Mishap Severity: _____
Mishap Category: _____
Aircraft Model: _____
BUNO: _____